1390094

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated averag	je burden			
hours per respon	se16.00			

SEC USE ONLY							
Prefix	Serial						
DATE	RECEIVED						

	Official Editation of Edition of Edition	
	teck if this is an amendment and name has changed, and indicate change.)	SECTION RECEIVED
	ities Holdings B.V. Equity Participation Plan) that apply): Rule 504 Rule 505 V Rule 506 Section 4(6)	ULOE ICA
Filing Under (Check box(es) Type of Filing: V New	Filing Amendment	JAN & Kanales
	A. BASIC IDENTIFICATION DATA	(6)
1. Enter the information t	requested about the issuer	[6]
Name of Issuer (check	c if this is an amendment and name has changed, and indicate change.)	1,06 EECT
Louis Dreyfus Commodi		
Address of Executive Office	•	Telephone Number (Including Area Code)
	OUTZ TANK MONOCOLONIA (MONOCOLONIA)	31 10 412 6712 Telephone Number (Including Area Code)
Address of Principal Busine (if different from Executive		Telephone volume (including Aca Code)
Brief Description of Busine	SSS \	
International commodition	es trading firm	
Type of Business Organizat		07043640
corporation business trust	limited partnership, to be formed limited partnership, to be formed	PROCESSED
Actual or Estimated Date of Jurisdiction of Incorporation	Month Year f Incorporation or Organization: 0 5 016 Actual Estin or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTION	ONS	THOMSON
Federal: Who Must File: All issuers in 77d(6).	making an offering of securities in reliance on an exemption under Regulation D o	FINANCIAL or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission	ust be filed no later than 15 days after the first sale of securities in the offering. (SEC) on the earlier of the date it is received by the SEC at the address given be it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities slow or, if received at that address after the date on
	ities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5)	copies of this notice must be filed with the SEC, one of which must be manually signed copy or hear typed or printed signatures.	
Information Paguired: A n	new filing must contain all information requested. Amendments need only repouted in Part C, and any material changes from the information previously supplied	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no fee	derat filing fee.	
ULOE and that have adop	o indicate reliance on the Uniform Limited Offering Exemption (ULOE) for seted this form. Issuers relying on ULOE must file a separate notice with the Sade. If a state requires the payment of a fee as a precondition to the claim for is notice shall be filed in the appropriate states in accordance with state law, completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
	ATTENTION	
Failure to file notice appropriate federal filing of a federal no	in the appropriate states will not result in a loss of the federal e notice will not result in a loss of an available state exemption unle	xemption. Conversely, failure to file the ess such exemption is predictated on the
SEC 1972 (6-02)	Persons who respond to the collection of information contained required to respond unless the form displays a currently valid ON	in this form are not 1B control number. 1 of 9

Property and the second			NTIRIGATION DATA		
2. Enter the information re					
		uer has been organized wi			a a sa
					a class of equity securities of the issuer.
 Each executive off 	icer and director of	corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mamalis, Nigel	f individual)				
Business or Residence Addre 29, Route de l'aeroport,			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Schol, Johannes Gerard					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Westblaak 92, 3012 KM F Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	<u> </u>	
Check Box(cs) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	css (Number and	Street, City, State, Zip C	nde)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·			
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	Street, City, State, Zip C	Code)		

	Magh	**************************************	13.14	Bain	PORMAŢ	ONABOU	i-offeri	vĞ. Ç. Pêrê	15	U 4 1 1	\$ 10	
1. Has the	issuer sold,	or does th	e issuer in	tend to sel	l. to non-ac	eredited in	vestors in	this offeri	ng?		Yes □	No ⊠
I. Has the	155001 5010,	, or does in			Appendix,						·	
2. What is	the minimu	ım investm			- •						s_n/	ai
											Yes	No
												Z
commis If a pers or state:	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)									with a state		
Full Name (Last name f	irst, if indi	vidual)									
Business or	Residence /	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)				· -		
n/a												
Name of As	sociated Bro	oker or Dea	iler									
n/a States in Wi	ich Derson	Listed Has	Solicited	or Intends	to Solicit I	Purchagers						
	"All States									(*****************************	□ All	States
<u> </u>											ПП	[D]
AL NL	[AK]	[AZ]	KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	[GA] [MN]	MS	MO
MT	NE)	NV.	NH	NJ	NM]	NY]	NC	ND	ОH	OK	OR]	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (n/a Business of				d Street, C	lity, State, 2	Zip Code)					-	
Name of As	sociated Br	oker or De	alcr									
n/a												
States in W											F-1 A I	States
(Check	"All States	" or check	individual	States)		l. <i>l.</i> .#				***************************************	□ AI	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	. GA	HI	TD
TL	ĪN	ĪΑ	KS	KY.	LA	ME	MD	MA	MI	[MN]	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK!	OR WY	PA]
Full Name	_											
n/a Business o	- Decidence	Address ()	Number an	d Street (ity State	Zin Code)						
n/a	, Kesidenee	Muuless (vamoer an	d direct, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.z.p cc,						
Name of As	ssociated Br	oker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	5					·
(Check	"All States	s" or check	individua	l States)	n/8	3						ll States
AL TL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Sold Offering Price Type of Security Common Preferred Partnership Interests\$_____\$____\$____)**\$__**_ Other (Specify ___ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$ 6,003,171.00 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offcring under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Dollar Amount Type of Sold Security Type of Offering Rule 505 Regulation A Rule 504 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees \$ 0.00 Printing and Engraving Costs.... 0.00 Legal Fccs \$ 0.00 Accounting Fees 0.00 Engineering Fees \$ 0.00 Sales Commissions (specify finders' fees separately)..... \$ 0.00 Other Expenses (identify) ___

C OFFERING PRICE, NUMBERIOF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

0.00

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."	 Question 4.a. This difference is the "adjusted gross 	;	s ⁶ ,003,171.0	
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pair	roceed to the issuer used or proposed to be used for ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross	, I		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		□ \$	_ []\$	
	Purchase of real estate		\$	s	
	Purchase, rental or leasing and installation of ma	achinery	<u></u> \$	_ 🗆 \$	
	Construction or leasing of plant buildings and fa	cilities	s	_ 🗆 \$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the as- issuer pursuant to a merger)	sets or securities of another			
	Working capital		. 🗆 \$	_ [\$	
	Other (specify): General operating expenditur	es for issuer and subsidiaries	Z \$	<u>\$ 6,003,171.00</u>	
			. 🗆 \$	_ []\$	
	Column Totals		. [] \$ <u>0.00</u>	\$_6,003,171.00	
	Total Payments Listed (column totals added)		<u>\$ 6,003,171.00</u>		
ĸ,		E SO FEDERAL SIGNATURE		Sept.	
cio	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fe information furnished by the issuer to any non-activations.	he undersigned duly authorized person. If this noti Turnish to the U.S. Securities and Exchange Comm	ce is filed under R ission, upon writ	tule 505, the following	
	suer (Print or Type)	Signature	Date- //23	107	
Lo	ouis Dreyfus Commodities Holdings B.V.	770	1100		
	ame of Signer (Print or Type)	Title of Signer (Print or Type) Director			

—— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

LE STATESIGNATURE	第47、第4	1000
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Louis Dreyfus Commodities Holdings B.V.	Signature	Date 1/22/07
Name (Print or Type)	Title (Print or Type)	•
Johannes Gerardus Schol	Director	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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CA										
CO										
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MD			and the state of t							
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MI										
MN										
MS										

ARPENDIX									
	to non-ac	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqual under Sta (if yes, explana waiver (Part E-	attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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MT									
NE									
NV									
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1	Seattle.	2	3	ÄPPI	APPENDIX 4				
	to non-a	to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR								;	

END